

**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** QUEEN OF ANGELS CONVENT AND CBRF (610287)  
**Address:** 11428 WEST STATE ROAD 27/70, RADISSON, WI 548677006  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/1995  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0096696      **End Date:** 02/28/2006      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009774    Served 03/25/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance<br/>Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 50.065(2)(bm)             | OUT OF STATE BACKGROUND CHECKS          |                                |                  |
| 83.11(3)(a)               | RESPONSIBILITIES                        |                                |                  |
| 83.16(1)                  | ADMISSIONS AGREEMENT                    |                                |                  |
| 83.16(4)(a)               | ABILITY TO PAY                          |                                |                  |
| 83.32(2)(a)4              | MENTAL AND EMOTIONAL HEALTH             |                                |                  |
| 83.32(2)(a)5              | HARMFUL BEHAVIOR PATTERNS               |                                |                  |
| 83.32(2)(c)1              | ANNUAL EVALUATION-PARTICIPATION         |                                |                  |
| 83.32(4)(b)               | RESPIRE ISP DEVELOPED WITHIN 48 HOURS   |                                |                  |
| 83.33(2)(g)3              | CBRF ARRANGE HEALTH VISITS AND DOCUMENT |                                |                  |
| 83.33(3)(c)3              | PROOF-OF-USE RECORD AUDITED DAILY       |                                |                  |
| 83.42(3)(d)               | STAFF TRAINED IN EMERGENCY PLAN         |                                |                  |
| 83.45(1)                  | ACCESSIBILITY                           |                                |                  |

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**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Survey ID: 0096005      End Date: 09/21/2005      Type: STANDARD      Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10006367    Served 11/04/2005**

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                     | <u>Compliance<br/>Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 50.065(2)(b)intro         | ENTITY BACKGROUND CHECK REQUIREMENTS    |                                |                  |
| 50.065(2)(bm)             | OUT OF STATE BACKGROUND CHECKS          |                                |                  |
| 83.11(3)(a)               | RESPONSIBILITIES                        |                                |                  |
| 83.13(4)(a)               | COMMUNICABLE DISEASE CONTROL            |                                |                  |
| 83.13(7)(a)9              | TRAINING AND INSERVICE REQUIREMENTS     |                                |                  |
| 83.14(1)(d)               | FIRE SAFETY, FIRST AID & CHOKING        |                                |                  |
| 83.14(7)(a)3              | EMERGENCY PLAN AND EVACUATION           |                                |                  |
| 83.14(7)(b)               | CONTINUING EDUCATION                    |                                |                  |
| 83.15(1)(a)               | STAFFING PATTERNS                       |                                |                  |
| 83.15(2)(a)3              | PROVIDE ASSISTANCE IN EVENT OF FIRE     |                                |                  |
| 83.16(1)                  | ADMISSIONS AGREEMENT                    |                                |                  |
| 83.16(4)(a)               | ABILITY TO PAY                          |                                |                  |
| 83.21(4)(g)               | FAIR TREATMENT                          |                                |                  |
| 83.21(4)(n)3              | FREE OF CHEMICAL RESTRAINT              |                                |                  |
| 83.21(4)(p)               | PROMPT AND ADEQUATE TREATMENT           |                                |                  |
| 83.32(1)(a)               | ASSESSMENT AND ISP                      |                                |                  |
| 83.32(2)(a)               | INDIVIDUALIZED SERVICE PLAN-SCOPE       |                                |                  |
| 83.32(2)(a)2              | ASSESSMENT OF MEDICATIONS TAKEN         |                                |                  |
| 83.32(2)(a)4              | MENTAL AND EMOTIONAL HEALTH             |                                |                  |
| 83.32(2)(a)5              | HARMFUL BEHAVIOR PATTERNS               |                                |                  |
| 83.32(2)(a)6              | CAPACITY FOR SELF-CARE                  |                                |                  |
| 83.32(2)(b)               | DEVELOPMENT                             |                                |                  |
| 83.32(2)(c)1              | ANNUAL EVALUATION-PARTICIPATION         |                                |                  |
| 83.33(2)(g)1              | HEALTH MONITORING-COMMUNICABLE DISEASE  |                                |                  |
| 83.33(2)(g)3              | CBRF ARRANGE HEALTH VISITS AND DOCUMENT |                                |                  |
| 83.33(2)(h)1              | MEDICAL SERVICES                        |                                |                  |
| 83.33(3)(a)1              | PRACTITIONER'S WRITTEN ORDER FOR MEDS   |                                |                  |
| 83.33(3)(b)2.a            | MEDICATIONS SHALL HAVE A LABEL          |                                |                  |
| 83.33(3)(c)3              | PROOF-OF-USE RECORD AUDITED DAILY       |                                |                  |
| 83.41(10)(a)              | BUILDING MAINTENANCE                    |                                |                  |

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Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

|              |                                       |
|--------------|---------------------------------------|
| 83.41(5)(d)2 | HOT WATER TEMPERATURES                |
| 83.42(2)(a)  | EVALUATION RESIDENT EVACUATION LIMITS |
| 83.42(3)(a)  | EMERGENCY PLAN                        |
| 83.42(3)(d)  | STAFF TRAINED IN EMERGENCY PLAN       |
| 83.42(3)(e)  | QUARTERLY FIRE DRILLS                 |
| 83.42(3)(f)  | SLEEPING HOURS EVACUATION DRILL       |
| 83.45(2)(b)  | RAMP WIDTH                            |
| 83.45(2)(c)1 | HANDRAILS                             |

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**Survey ID:** 0091822    **End Date:** 10/29/2003    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009231    Served 01/23/2004

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                   | <u>Compliance<br/>Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|--------------------------------|------------------|
| 83.13(2)(b)               | AT LEAST 18 YEARS OLD                 | 05/21/2004                     | Yes              |
| 83.21(4)(w)               | SAFE ENVIRONMENT                      | 05/21/2004                     | Yes              |
| 83.32(2)(a)               | INDIVIDUALIZED SERVICE PLAN-SCOPE     | 02/09/2004                     | Yes              |
| 83.34(2)(a)3              | IMPLEMENT WRITTEN PLAN OF CARE        | 05/21/2004                     | Yes              |
| 83.42(2)(a)               | EVALUATION RESIDENT EVACUATION LIMITS | 05/21/2004                     | Yes              |
| 83.42(3)(e)               | QUARTERLY FIRE DRILLS                 | 05/21/2004                     | Yes              |
| 83.43(3)(b)1              | TESTING BY SERVICE COMPANY            | 05/21/2004                     | Yes              |

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**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 03/24/2006      SOD #10009774      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---50.065(2)(bm)  
FORFEITURE---83.11(3)(a)  
FORFEITURE---83.16(1)  
FORFEITURE---83.16(4)(a)  
FORFEITURE---83.32(2)(a)4  
FORFEITURE---83.32(2)(a)5  
FORFEITURE---83.32(2)(c)1  
FORFEITURE---83.32(2)(g)3  
FORFEITURE---83.33(3)(c)3  
FORFEITURE---83.42(3)(d)

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**Date: 11/02/2005      SOD #10006367      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
PROVIDE TRAINING  
FORFEITURE---83.13(4)(a)  
FORFEITURE---83.13(7)(a)9  
FORFEITURE---83.14(1)(d)  
FORFEITURE---83.14(7)(b)  
FORFEITURE---83.15(2)(a)3, 83.15(1)(a)  
FORFEITURE---83.16(1)  
FORFEITURE---83.16(4)(a)  
FORFEITURE---83.32(2)(a)2,4,5,6  
FORFEITURE---83.32(2)(b)  
FORFEITURE---83.42(2)(a)  
FORFEITURE---83.42(3)(d); 83.14(7)(a)3  
FORFEITURE---83.42(3)(e)  
FORFEITURE---83.42(3)(f)

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**Date: 01/20/2004      SOD #10009231      Appealed: No**

Sanctions

OTHER SANCTION  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.34(2)(a)

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| Complaint History |
|-------------------|
|-------------------|

**Date Complaint Received: 06/17/2003**

**Date Investigation Completed: 10/29/2003**

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
10005094

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